

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: JANUARY 1, 2017 to March 31, 2017

Grantee Name: BIRTHLINE

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	6	8	23	29	13	6	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
16	35	22	6	1	5

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
15	70	0

4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
51	9	10	5	3	7	0

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
5	68	12

6. Client Type:

Mother	Father	Grandparent	Other
80	5	0	0

